MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/523 695

FILING DATE

APPLICANT(S)

6-29-05

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		e				51				1		
2		1					52						
3		1					53				1		
4		1					54						
5		1					55						
6		1					56						
7		1					57						
8		1					58						
9		1					59						
10		1					60						
11		1					61						
12		1					62						
13							63						
14							64						
15		1					65						
16		1					66						
17							67						
18		1					68						
19		1					69						
20		1					70						
21		1					71						
22							72						
23	1	1					73						
24		1					74						
25		1					75						
26		1					76						
27	1						77						
28	1		e				78						
29							79						
30							80						
31							81						
32				1			82						
33				1			83						
34				1			84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42				1			92						
43				1			93						
44							94						
45				1			95						
46				1			96						
47				1			97						
48				1			98						
49							99						
50							100						
TOTAL IND.	4	↓		↓		↓	**TOTAL IND.**		↓	4	↓		↓
TOTAL DEP.	24	←		←		←	**TOTAL DEP.**		←	21	←		←
TOTAL CLAIMS	28						**TOTAL CLAIMS**			25			